

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 1 — 0 0 4

2. STATE:

California

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 1902(a)(10)(A)(ii)(X)

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 35,291,000.00 PJD

b. FFY 2002 \$ 47,058,000.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2A, Pg. 22

Supplement 1 to Attachment 2.6A, Pg. 5

Supplement 8a to Attachment 2.6A, Pg. 6

~~Supplement 8b to Attachment 2.6A, Pg. 8~~

Attachment 2.6-A, Page 7 PJD

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.2A, Pg. 22

Supplement 1 to Attachment 2.6A,
Pg. 5Attachment 2.6-A, Page 7
PJD10. SUBJECT OF AMENDMENT: To adjust the maintenance need levels (MNL) for Medicaid
coverage of the optional categorically needy group, the aged disabled
beneficiaries. This program would give this group a higher MNL which would equal
100% of the FPL plus a income disregard. Beneficiaries that qualified for this
program would have a zero SOC.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor's
Office does not wish to review
State Plan Amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gail Margolis

14. TITLE:

Deputy Director

15. DATE SUBMITTED:

3/30/01

16. RETURN TO:

Barbara Hardiman

State Plan Coordinator

Department of Health Services

714 P Street, Room 1601

P. O. Box 942732

Sacramento, CA 94234-7320

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 30, 2001

18. DATE APPROVED:

10/19/01

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:

Linda Minamoto

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

State: California

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) ☒
(ii) (X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals –

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

TN No. 01-004

Supersedes

Approval Date OCT 19 2001

Effective Date JAN - 1 2001

TN No. 92-09

Citation	Condition or Requirement
	<p>c. In determining countable income for blind individuals, the following disregards are applied:</p> <p><u>X</u> The disregards of the SSI program.</p> <p>___ The disregards of the State supplementary payment program, as follows:</p> <p>___ The disregards of the SSI program, except for the following restrictions applied under the provisions of section 1902(f) of the Act.</p>
435.721 435.831 and 1902(m)(1)(B) and (m) (4) of the Act, P.L. 99-509 (Sec. 9402(a) and (b))	<p>d. In determining countable income for disabled individuals, the following disregards are applied:</p> <p><u>X</u> The disregards of the SSI program.</p> <p>For the Medically Needy, the Agency applies disregards as specified in Supplement 3 to Attachment 2.6-A, in addition to items 1b, c and d.</p> <p>For the A&D FPL Program under 1902(a)(10)(A)(ii)(X), rules more liberal than the SSI rules are listed on Supplement 8a to Attachment 2.6A, page 6.</p>

TN No. 01-004

APPROVAL DATE: OCT 19 2001 EFFECTIVE DATE: JAN - 1 2001

Supersedes

TN No. 88-9

CFA ID: 1038p/0015p

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CALIFORNIA
INCOME ELIGIBILITY LEVELS (Continued)
Aged and Disabled individuals

1. The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of Section 1902(m)(3) of the Act are as follows:
 - Family size is defined for purposes of eligibility for the Aged and Disabled program as either one or two persons.
 - Income levels are established by family size in accordance with 100% of the Federal Poverty Income Guidelines published in the Federal Register.

FAMILY SIZE

1
2

INCOME LEVEL

\$ XXXX
\$ XXXX

If an individual receives a Title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a Title II COLA is not counted as income during a "transition period" beginning with January, when the Title II benefit for December is received, and ending the last day of the month following the month of publication of the revised annual federal poverty levels.

For individuals with Title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving Title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

C. OTHER OPTIONAL CATERGORICALLY NEEDY GROUPS

1. For TB-infected individuals described in Section 1902(z) of the Act, SSI break-even point will be used in determining income eligibility.
2. For the 250 Percent Working Disabled Program as defined in Section 1902(a)(10)(A)(iii)(XIII) of the Act, when determining whether net countable family income less than 250 percent of the federal poverty level (FPL), the FPL, as revised annually in the Federal Register is used.

TN No. 01-004

Supersedes

Approval Date OCT 19 2001

Effective Date JAN - 1 2001

TN No. 00-006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

**METHODOLOGIES FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI AND AFDC
PROGRAM (Less Restrictive Than SSI and AFDC)**

1902(a)(10)(A)(ii)(X) of the Act

Countable income, as determined in accordance with Section 1902(m) of the Act, does not exceed an income standard equal to 100 percent of federal poverty level for 1 or 2 persons.

As permitted under Section 1902(r)(2) and income disregard of \$230 for individual's or, in a case of a couple an \$310 income disregard.

Including a deduction, equal to the Medically-Needy maintenance need level for the number of ineligible members in the family budget unit, unless the SSI deeming rules are more advantageous; we will then use the SSI deeming rules. Please refer to Supplement 1 to Attachment 2.6 A page 5 for Medically Needy maintenance need levels. 6 ASD

TN No. 01-004

Supersedes

Approval Date OCT 19 2001

Effective Date JAN - 1 2001

TN No. N/A



DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
REGION IX

Refer to: MCD-SCG-PJD

75 Hawthorne Street
Suite 408
San Francisco, CA 94105

OCT 19 2001

Gail M. Margolis, Deputy Director
Medical Care Services
Department of Health Services
714 P Street, Room 1253
Sacramento, CA 95814

Dear Ms. Margolis:

Enclosed is a copy of California State Plan Amendment (SPA) No. 01-004, which we have approved effective January 1, 2001, as you requested. This SPA implements a new optional categorically needy program, the Aged and Disabled Federal Poverty Level Program, which is authorized by Section 1902(a)(10)(A)(ii)(X) of the Social Security Act. In addition, it implements income disregards which effectively raise the eligibility level for this program to more than 100 percent of poverty.

With the concurrence of your staff, several changes were made to the SPA before it was approved:

- Supplement 8b to Attachment 2.6-A, Page 8, was deleted. Since no additional resource disregards are being implemented for this group, this page is not needed. Block 8 of form HCFA-179 was amended to reflect this deletion.
- Blocks 8 and 9 of form HCFA-179 were amended to reflect the addition of Attachment 2.6-A, Page 7, which was submitted with the Department's September 24, 2001 response to our June 26, 2001 request for additional information.
- Block 7 of form HCFA-179 was amended to show the Federal budget impact in thousands.
- On Supplement 8a to Attachment 2.6-A, Page 6, a reference to another part of the plan was changed, and minor punctuation added.

Questions concerning this approval may be directed to Pat Daley at (415) 744-3592.

Sincerely,

Linda Minamoto
Associate Regional Administrator
Division of Medicaid

Enclosure

cc: Elliott Weisman, CMS, Center for Medicaid and State Operations
Roy Trudel, CMS, Center for Medicaid and State Operations
Barbara Hardiman, DHS, California State Plan Coordinator